



## School Release of Information Form

I hereby give permission to the school identified below to release all of my child's current and previous educational records including transcripts, report cards, and attendance reports to The Gillen Brewer School. I also authorize the school identified below to communicate with The Gillen Brewer School and its employees about all aspects of my child's educational history. I understand that the report is confidential between the sending school and The Gillen Brewer School.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

Please have the sending school either email, mail, or fax a copy of the educational records to The Gillen Brewer School, see contact information below.

Email: Julian Parham Santana  
Director of Admissions  
[julian@gillenbrewer.com](mailto:julian@gillenbrewer.com)

Mail or Fax: Admissions  
The Gillen Brewer School  
410 East 92<sup>nd</sup> Street  
New York, NY 10128  
Tel: 212-831-3667  
Fax: 212-831-5254

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_